

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Wasatch Co

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

| 1) Early Intervention | | Program Manager Holly Watson | |
|--|-----|---|---|
| Form B - FY23 Amount Budgeted: | \$0 | Form B - FY23 Projected clients Served: | 0 |
| Form B - Amount Budgeted in FY22 Area Plan | \$0 | Form B - Projected Clients Served in FY22 Area Plan | 0 |
| Form B - Actual FY21 Expenditures Reported by Locals | | Form B - Actual FY21 Clients Serviced as Reported by Locals | |
| Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m). | | | |
| WCFC-WBH gives priority to clients referred by community partners. Local courts are included as a priority. When a client expresses that they were ordered to treatment, the client is given priority admission and connected with services. | | | |
| Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs. | | | |
| WCFC-WBH contracts with a teacher who delivers the Prime for Life course which is an evidenced-based program. We also provide Why Try for teens. We also provide MRT. Therapy is delivered utilizing evidence- based strategies including Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and EMDR. | | | |
| Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings. | | | |
| WCFC-WBH partners with IHC and the local school district, both of which refer clients to WCFC-WBH. | | | |
| Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs. | | | |
| WCFC-WBH engages in work with local coalitions and partners with law enforcement, courts, medical providers, DCFS, the CJC. Maintenance of these relationships and regular meetings facilitate conversation regarding individuals of concern and enable WCFC-WBH to identify individuals in the | | | |

community in need of our services.

Describe efforts to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

Individuals are screened at intake for income. When qualifications appear to be met the client is referred to our case management team who aids the client in accessing insurance.

Describe activities to reduce overdose.

1. educate staff to identify overdose and to administer Naloxone;
2. maintain Naloxone in facilities,
3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.

WCFC-WBH RN provides education to clients on Naloxone and afterward gives the clients a Naloxone kit

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Holly Watson

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|--|-----|---|---|
| Form B - FY23 Amount Budgeted: | \$0 | Form B - FY23 Projected clients Served: | 0 |
| Form B - Amount Budgeted in FY22 Area Plan | \$0 | Form B - Projected Clients Served in FY22 Area Plan | 0 |
| Form B - Actual FY21 Expenditures Reported by Locals | \$ | Form B - Actual FY21 Clients Serviced as Reported by Locals | 0 |

Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

For Detoxification Services the WCFC-WBH generally coordinates with the Provo Canyon Behavioral Hospital (PCBH) due to its proximity to Wasatch County and WBH's effective working relationship with PCBH. When necessary, the local emergency room at the Heber Valley Hospital can be accessed due to acute intoxication that presents an immediate life-threatening situation. WCFC-WBH does not provide Residential services directly. We have contracted with other providers for this service. We currently contract with First Step House in Salt Lake County who serves adult males, ages 18 years and older, who have been diagnosed with a substance use disorder, or have been dually diagnosed

with a substance use disorder and a mental health disorder. We contract with Odyssey House in Salt Lake County who serve both male and female teens and adults. The Odyssey house treats both substance abuse and dual diagnosis. They do not accept clients younger than 14 years of age or below 9th grade level. We additionally contract with the House of Hope in both Salt Lake and Utah Counties to provide residential services for adult women. The House of Hope also allows for women in treatment to have their children live with them while in residential treatment. While in residential treatment, our Case Manager continues to coordinate and arrange for after care through WCFC-WBH.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

N/A

Describe any significant programmatic changes from the previous year.

There have been no significant changes.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

Heber Valley Medical Center provides this service to those with insurance. Others seek this service in Utah or Salt Lake County.

3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)

Shanel Long

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|---|-----------------|--|----------|
| Form B - FY23 Amount Budgeted: | \$26,948 | Form B - FY23 Projected clients Served: | 7 |
| Form B - Amount Budgeted in FY22 Area Plan | \$19,355 | Form B - Projected Clients Served in FY22 Area Plan | 7 |
| Form B - Actual FY21 Expenditures Reported by Locals | \$24,430 | Form B - Actual FY21 Clients Serviced as Reported by Locals | 6 |

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

WCFC-WBH does not provide Residential services directly. We have contracted with other providers for this service. We currently contract with First Step House in Salt Lake County, Odyssey House in Salt Lake County and House of Hope in both Salt Lake and Utah Counties to provide residential services. While in residential treatment, our Case Manager continues to coordinate and arrange for after care through WCFC-WBH.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

NA

4) Opioid Treatment Program (OTP-Methadone)

VaRonica Little

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|---|------------|--|----------|
| Form B - FY23 Amount Budgeted: | \$0 | Form B - FY23 Projected clients Served: | 0 |
| Form B - Amount Budgeted in FY22 Area Plan | \$0 | Form B - Projected Clients Served in FY22 Area Plan | 0 |
| Form B - Actual FY21 Expenditures Reported by Locals | \$0 | Form B - Actual FY21 Clients Serviced as Reported by Locals | 0 |

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

WCFC-WBH does not provide outpatient methadone services directly or contract for this service. We have in the past served clients who had begun methadone treatment in other Counties and will make appropriate referrals to appropriate service providers for this treatment. If necessary, the WCFC-WBH can utilize funding for unfunded/underfunded clients to support Methadone treatment outside of the county for those who are residents of Wasatch County and where such services are deemed appropriate. As a fee-for-service Medicaid county, residents of Wasatch County have the flexibility to utilize their medicaid coverage throughout the state with minimal restrictions.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

N/A

Describe any significant programmatic changes from the previous year.

There have been no significant changes.

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

VaRonica Little

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|---|----------------|--|----------|
| Form B - FY23 Amount Budgeted: | \$8,555 | Form B - FY23 Projected clients Served: | 3 |
| Form B - Amount Budgeted in FY22 Area Plan | \$7,258 | Form B - Projected Clients Served in FY22 Area Plan | 3 |
| Form B - Actual FY21 Expenditures Reported by Locals | \$0 | Form B - Actual FY21 Clients Serviced as Reported by Locals | 0 |

Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.

WCFC-WBH prescribes Vivitrol, Naltrexone, and Buprenorphine at WCFC-WBH.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

It appears the cost of service delivery for this new service as of last year is less than we initially anticipated.

Describe any significant programmatic changes from the previous year.

NA

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

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|---|------------------|--|------------|
| Form B - FY23 Amount Budgeted: | \$227,142 | Form B - FY23 Projected clients Served: | 230 |
| Form B - Amount Budgeted in FY22 Area Plan | \$210,139 | Form B - Projected Clients Served in FY22 Area Plan | 230 |
| Form B - Actual FY21 Expenditures Reported by Locals | \$123,698 | Form B - Actual FY21 Clients Serviced as Reported by Locals | 118 |

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 55 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 5:00 PM with groups running until 7:00 P.M. WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice registered nurse (APRN) for prescribing, a registered nurse (RN), social workers, mental health counselors, marriage and family therapist, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. Referrals are also made to community practitioner for this service. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels. Groups include process groups, early intervention, relapse prevention, MRT, gender specific treatment and skills based groups. We have also partnered with the Wasatch County Health Department to offer smoking cessation education.

WCFC provides General Outpatient and Intensive Outpatient levels of treatment as indicated by ASAM criteria. Gender specific groups for men and women are provided. WCFC also provides outpatient

services to adolescents and teens. There are not a large number of teens receiving services and treatment is tailored to meet individual needs.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

NA

Describe any significant programmatic changes from the previous year.

There are no significant changes.

7) Intensive Outpatient (ASAM II.5 or II.1)

Shanel Long

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|---|-----------------|--|-----------|
| Form B - FY23 Amount Budgeted: | \$91,241 | Form B - FY23 Projected clients Served: | 51 |
| Form B - Amount Budgeted in FY22 Area Plan | \$84,410 | Form B - Projected Clients Served in FY22 Area Plan | 51 |
| Form B - Actual FY21 Expenditures Reported by Locals | \$47,525 | Form B - Actual FY21 Clients Serviced as Reported by Locals | 22 |

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

Intensive Outpatient services are provided directly by WCFC-WBH in Heber City. Hours of operation are Monday-Friday 8:00 A.M. until 5:00 P.M. Groups are offered Monday – Thursday evening from 5:30 P.M to 7:00 PM and Friday afternoons from 4:00 PM until 5:00 PM. WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice registered nurse (APRN) for prescribing, a registered nurse (RN), social workers, mental health counselors, marriage and family therapist, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system.

The IOP program consists of 9 hours of treatment per week that may include individual and group therapy and case management services as needed. It is recognized that many are lacking in basic needs and case management services are helpful in improving the recovery environment. Groups include early intervention, relapse prevention, MRT, gender specific treatment and wellness skills based groups. We have also facilitated smoking cessation groups with our registered nurse. Family therapy may also be provided. Random drug and alcohol testing is also utilized as part of treatment. Testing is done with TASC and clients submit for testing at a local contracted medical clinic. Occasional random on-site testing may also be provided.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

NA

Describe any significant programmatic changes from the previous year.

There are no significant changes.

8) Recovery Support Services

Thom Dunford

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|---|-----------------|--|-----------|
| Form B - FY23 Amount Budgeted: | \$30,413 | Form B - FY23 Projected clients Served: | 26 |
| Form B - Amount Budgeted in FY22 Area Plan | \$25,806 | Form B - Projected Clients Served in FY22 Area Plan | 26 |
| Form B - Actual FY21 Expenditures Reported by Locals | \$0 | Form B - Actual FY21 Clients Serviced as Reported by Locals | 0 |

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a

WCFC-WBH provides case management services. It is recognized that many of our clients face challenges with housing, employment, access to health care along with a variety of other needs. Case management services are able to make improvements in these areas. We have provided emergency temporary housing assistance and funding for medical services and medications. Our Drug Court program also emphasizes leadership roles in the higher phases of the program. These individuals are valuable mentors to others in the program.

Additionally, community resources are invaluable. We encourage our clients to be involved in AA, NA or the LDS 12 step programs or other community or faith based resources.

We have two in house peer support specialists working with our clients. Case management services are also being provided.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This is a valuable resource that has been under utilized at WCFC-WBH. It is intended to ensure staff are trained on this service and inform clients of this service. Furthermore, inflationary impacts on service costs are anticipated.

Describe any significant programmatic changes from the previous year.

This is a valuable resource that has been under utilized at WCFC-WBH. It is intended to ensure staff are trained on this service and inform clients of this service.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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|--|-----|---|---|
| Form B - FY23 Amount Budgeted: | \$0 | Form B - FY23 Projected clients Served: | 0 |
| Form B - Amount Budgeted in FY22 Area Plan | \$0 | Form B - Projected Clients Served in FY22 Area Plan | 0 |
| Form B - Actual FY21 Expenditures Reported by Locals | | Form B - Actual FY21 Clients Served as Reported by Locals | |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| WCFC-WBH provides peer support for Wasatch County residents through Utah County based employees of WBH. Services include Group and Individual Peer Support. | | | |
| Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured? | | | |
| Clients are referred for peer support services based on therapist or case management assessment and are referred to services by the recommending provider. Outcomes are measured utilizing the OQ45. | | | |
| Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level. | | | |
| This is being worked on in conjunction with Pam Bennett from OSUMH and agreed upon by Brent Kelsey | | | |
| Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided(15% or greater change). | | | |
| N/A | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| NA | | | |

10) Quality & Access Improvements

Shanel Long

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| Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list? |
| WCFC-WBH utilizes a sliding fee scale which makes services affordable to Wasatch County residents. WCFC-WBH has a Spanish speaking therapist which has been extremely helpful for the Hispanic community. We are currently in the process of contracting with Holy Cross Ministries to get an additional Spanish Speaking therapist one day a week. We have also started an English Speaking contracted |

therapist a few days to help carry our case load. We currently do have some clients on a relatively short wait list for English Speaking therapy. Spanish speaking services are farther out. Discussion with our team will be pursued to discuss how to manage clients who frequently cancel and see if there is a better way to work with these clients to provide room for individuals who may be more invested in treatment. Currently, the extent of service available to clients on the waitlist is MCOT services.

Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

WCFC-WBH works closely with multiple community agencies including the Wasatch County Health Depart, DCFS, and CJC. These relationships provide an important way to promote our services. We also utilize our website, 211, word of mouth, etc.

What evidence-based practices do you provide? Describe the process you use to ensure fidelity?

WCFC-WBH has participated in State sponsored trainings and will continue to do so as further trainings becomes available. All of our employed therapists on staff have been trained in EMDR and two have been trained in MRT. Some staff have also been trained in Trauma Focused Cognitive Behavioral Therapy. Cognitive Behavioral Therapy is also utilized at WCFC. Peer reviews of charts are completed. Staff meetings incorporate opportunities to discuss cases in addition to one-on-one staffings. Finally the Outcome Questionnaire (OQ) 45 is used to measure client progress.

Describe your plan and priorities to improve the quality of care.

WCFC-WBH provides opportunity for case consultation almost weekly. All staff also receive up to 5 days of training time included in their work year, and \$500 towards training.

In FY 2023, we will be using the DLA-20s, a treatment tool and outcome measure. We will also be participating in using the SURE outcome tool as it is operationalized through the DSAMH and integrated into our EMR.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

WMH-WBH utilizes the SURE & the OQ/YOQ and outcomes are reviewed.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

Clinical staff throughout Wasatch Behavioral Health have been set up to use the DHS Telehealth system or Zoom to provide services remotely. Both are encrypted to be compliant with HIPAA standards.

The services provided by telehealth are:

- Group Therapy
- Behavior Management
- Individual and Family therapy
- Case Management
- Psychosocial Rehabilitation Services

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

WCFC-WBH provides clinical services directly at the jail. With JRI money, WCFC-WBH provides individual therapy and skill development groups. [The program manager of WCFC-WBH meets with the jail commander and his team from the jail regularly.](#) These meetings allow for opportunity to discuss service delivery to ensure that services are adequate. The WCFC-WBH program manager is also available by mobile phone to the jail staff and is contacted when needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

N/A

Describe any significant programmatic changes from the previous year.

NA

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

WCFC provides therapy and skills groups to individuals who are incarcerated. Attendees may include individuals who are experiencing withdrawal and can be supported through these interventions. We currently do not provide medication-assisted treatment for any inmates.

The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expand SAPT block grant dollars in penal or correctional institutions of the State.

WCFC-WBH does not plan to utilize SAPT funds in correctional settings.

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. [Please include a list of community agencies you partner with to provide integrated services.](#)

WCFC-WBH is co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborates frequently. The building also houses a donated dental clinic to provide dental services to unfunded or underinsured individuals.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

WCFC-WBH is a combined center and provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 5:00 p.m. on Fridays. Clinicians at the clinic provide both mental health and substance use disorder treatment. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment is provided. Cases are staffed and input is given through supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

WCFC-WBH includes health and wellness questions as part of the initial evaluation. Referrals are made to the Wasatch County Health department for services they offer. As we are co-located this process works very well. WCFC-WBH medical staff coordinate with local primary care physicians and case managers to access and follow up with medical care.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the *Fagerstrom scale*. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

WCFC-WBH screens clients regarding tobacco use in the initial assessment. Treatment is implemented as needed. Motivational and educational strategies are also utilized to increase client motivation. WCFC-WBH maintains a tobacco free campus. We work regularly with the Wasatch County Health Department in health and wellness, prevention and smoking cessation programs. When needed, the WCFC-WBH Registered nurse can provide smoking cessation groups. Additionally, the Wasatch County Health Department is an additional resource for those interested in pursuing resources and education for smoking cessation. This is a positive working relationship. WCFC-WBH also partnered with the Health Department in making recommendations regarding policy for the use of E-Cigarettes in Wasatch County buildings.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

WCFC-WBH prescribers and nurse are available for consultation to staff.

13) Women's Treatment Services

Rebecca King

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|--|-----------|---|--|
| Form B - FY23 Amount Budgeted: | \$229,632 | Form B - FY23 Projected clients Served: | |
| Form B - Amount Budgeted in FY22 Area Plan | \$212,895 | Form B - Projected Clients Served in FY22 Area Plan | |

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|--|------------------|--|----------|
| Form B - Actual FY21 Expenditures Reported by Locals | \$106,571 | Form B - Actual FY21 Clients Served as Reported by Locals | ? |
| Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting. | | | |
| WCFC-WBH provides services to women on-site in our outpatient and intensive outpatient programs. These services include individual treatment, group therapy and case management services. Women are also screened for other factors including pregnancy and are provided immediate access to services and connected with appropriate community resources. We have also contracted with the House of Hope for residential services. A Gender specific, Seeking Safety Trauma group has been established for women and is run one evening per week. Case management services are also provided and assist with housing needs, access to medical care, obtaining appropriate benefits among other activities. | | | |
| Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody. | | | |
| As part of the assessment process children are evaluated and treated. Services can be provided on-site in our clinic or therapists also see children in school-based settings. WCFC-WBH coordinates regularly with the local DCFS office in Heber to identify and treat women and children in need. Additionally, the Strengthening Families Program is offered throughout the year and referrals are received from schools, DCFS, Juvenile Court and the community at large. Interventions in this program target various age levels of children and parents. WCFC-WBH also has access to System of Care model which identifies and provides services to families struggling with needs and involvements with several agencies. | | | |
| Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide. | | | |
| Case management services are provided to both children and parents in homes, schools and in the clinic. Transportation is limited in this area and there is no public transportation system. The case manager is available to provide some limited transportation for services and also helps to coordinate transportation options. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| There are no significant programmatic changes. | | | |

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

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| Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid. |
| N/A |
| Please describe the proposed use of the WTX funds |

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| N/A |
| Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities |
| N/A |
| Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov |
| N/A |
| Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year. |
| WCFC-WBH does not have a Women and Children's Residential Program |

14) Adolescent (Youth) Treatment

Shanin Rapp

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|---|----------|--|---|
| Form B - FY23 Amount Budgeted: | \$21,361 | Form B - FY23 Projected clients Served: | ? |
| Form B - Amount Budgeted in FY22 Area Plan | \$19,527 | Form B - Projected Clients Served in FY22 Area Plan | ? |
| Form B - Actual FY21 Expenditures Reported by Locals | \$9,949 | Form B - Actual FY21 Clients Serviced as Reported by Locals | ? |
| Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth. | | | |
| <p>WCFC-WBH provides outpatient-level services to youth with substance use disorders at the General Outpatient level only based on ASAM levels of care. The General Services include Motivational Interviewing, MRT, Seeking Safety, TF-CBT, CBT, C-SSRS, EMDR, MAT, and the Strengthening Families Program. WCFC-WBH provides an assessment that evaluates co-occurring mental health and substance use disorders. We are a combined center so staff are capable of addressing co-occurring mental health and substance use needs. Treatment is provided based on individual and developmentally appropriate needs. Families are encouraged to participate in treatment and there has been success with the Strengthening Families Program in targeting developmental and unique family situations. All clinicians are Master level therapists and receive training in mental health and substance use disorder treatment along with adolescent development. In addition to center-wide and program-requested training, clinicians have an education stipend that can be used for further training. For adolescents, relating to the available ASAM level of care, WCFC-WBH is able to provide general outpatient treatment.</p> | | | |
| Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps. | | | |

Court, probation, and the school district are our primary referral sources for any youth substance use related disorders. The WCFC-WBH works closely with youth probation and school district employees to facilitate effective communication and referrals. We additionally work with DCFS who at times can also provide referrals for youth substance use cases. WCFC-WBH has a web presence that provides marketing exposure in addition to leveraging word of mouth when possible.

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

WCFC-WBH coordinates regularly with the local DCFS office in Heber to identify and treat women and children in need. Additionally, the Strengthening Families Program is offered throughout the year and referrals are received from schools, DCFS, Juvenile Court and the community at large. Interventions in this program target various age levels of children and parents. WCFC-WBH also participates in the System of Care model which identifies and provides services to families struggling with needs and involvements with several agencies.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

15) Drug Court

Shanel Long

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|--|----------|--|----------|
| Form B - FY23 Amount Budgeted: Felony | \$25,012 | Form B - FY22 Amount Budgeted: Felony | \$30,039 |
| Form B - FY23 Amount Budgeted: Family Dep. | \$0 | Form B - FY22 Amount Budgeted: Family Dep. | \$0 |
| Form B - FY23 Amount Budgeted: Juvenile | \$0 | Form B - FY22 Amount Budgeted: Juvenile | \$0 |
| Form B - FY23 Recovery Support Budgeted | \$1004 | Form B - FY22 Recovery Support Budgeted | \$1,004 |

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

WCFC-WBH only provides an Adult Felony Drug Court. Participants are screened using the RANT, and Clinical evaluation to determine a substance dependence or abuse disorder. High Need/High Risk individuals are selected for drug court. Participants must be residents of Wasatch County. Violent offenders are screened out. It is estimated that we will serve [10 to 12 individuals in drug court for fiscal year 2023](#).

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

WCFC-WBH has a Felony drug court and provides case management and IOP and GOP treatment directly. Residential care is contracted out with a variety of providers. Drug tests are collected by a

contracted collection facility. The WBH lab is then used to analyze UA samples. Clients call the test line daily and tests are assigned randomly. WCFC-WBH has a designated Medicaid Eligibility Specialist that can help clients enroll in Medicaid.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

MAT is available to Drug Court participants. WCFC-WBH has medical staff who prescribe medications directly. Funding is also available to assist in purchasing needed medications. [WCFC-WBH procedure is simple in that MAT is fully available to all drug court members.](#)

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Drug Testing is done in accordance with DSAMH directives. Drug tests are collected by a contracted collection facility. The WBH lab is then used to analyze UA samples. For Sundays a random schedule has been established where testing is done on-site at our clinic on Sundays. Testing is also done on-site utilizing 12 panel dip tests when recent substance use is suspected.

List all drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

Clients pay no other additional fees outside of the fee established from the sliding fee scale. We use Drug Court money to help or assist with UA. [If a client wants to dispute a UA outcome, high level retesting is completed. If the sample remains positive the client pays \\$40 to cover the retest. If the re-test is negative WBH covers the cost of the re-test.](#)

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

[NA](#)

16) Justice Services

Thomas Dunford

Form B - FY23 Amount Budgeted:

Form B - FY22 Amount Budgeted:

Describe screening to identify criminal risk factors.

The Risk and Needs Triage (RANT) tool is evidence-based and yields an immediate and easily understandable report that classifies offenders into one of four risk/needs quadrants, each with different implications for selecting suitable correctional decisions by judges, probation and parole officers, attorneys, and other decision-makers. The RANT can be administered rapidly and easily. The 19-item instrument can be completed in less than fifteen (15) minutes. The RANT provides immediate scoring and recommendations. The reports are generated immediately and enable real-time placement and dispositions. According to the RANT classification system, individuals who score high risk/high need may be best suited for intensive supervision and clinical services. Those scoring low risk/high need may be best suited for a lower level of criminal justice supervision, but more intensive clinical services. A high risk/low need score may require more intensive supervision and less intensive clinical services. A low risk/low need score may be best suited to a less intensive supervision, less intensive clinical

prevention-based intervention. RANT risk/need domains measured include: Age of onset of criminal activity and substance use, deviant peer affiliations, prior failure in drug/alcohol rehabilitation and diversion programs, prior felony or serious misdemeanors, unstable living arrangements, unemployment, physical addiction to drugs/alcohol, and chronic medical and mental health conditions.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.

WCFC-WBH uses the RANT to assess clients' risk level. The SASSI is also utilized for substance use disorders. WCFC-WBH separates the services of low risk offenders from those of high risk offenders. For High risk offenders services will include case management services, skills development, individual, family and group therapy, and psychiatric evaluation and medication management. WCFC-WBH does not provide specific sex offender treatment but does provide mental health and substance use disorder treatment to those with prior convictions for sex offenses or violent crimes as appropriate in an outpatient setting.

Treatment modalities include:

MRT

CBT

Motivational Interviewing

Seeking Safety

MAT

Low risk offenders can access the same services as high risk offenders. However, general practice is to treat high risk and low risk offenders separately.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

Staff a criminal justice case once a month as a team.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

WCFC-WBH works with the jail LT on a [regular](#) basis to coordinate services.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

Clients referred by juvenile justice, DCFS, DJJS, and other agencies receive expedited services.

Provide data and outcomes used to evaluate Justice Services.

Justice services are evaluated using the OQ and YOQ.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

See Form A

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

See Form A

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

See Form A

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

See Form A

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

See Form A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

- 1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
- 2. By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, "N/A" below.

See Form A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

See Form A